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FROM: Barbara M. Hayashi

RE:

OUR REF: 101209.0002US1	NUMBER OF PAGES, INCLUDING COVER: 3
09/848047	
METHOD FOR REMOVING OIL, PETROLEUM PRODUCTS AND/OR CHEMICAL, POLLUTANTS FROM LIQUID AND/OR GAS AND/OR SURFACE	
SUPRA CARBONIC - VIKTOR PETRIK	

MESSAGE:

Attached: 1) Transmittal Form; 2) Revocation of Power of Attorney

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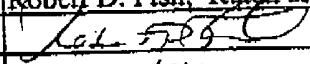
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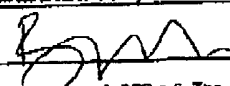
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<b>TRANSMITTAL FORM</b> (to be used for all correspondence after initial filing)	Application Number	09/848,47	
	Filing Date	May 3, 2001	
	First Named Inventor	Viktor Ivanovich Petrik	
	Art Unit	1724	
	Examiner Name	Ivars C. Cintins	
Total Number of Pages in This Submission	2	Attorney Docket Number	101209.0002US1

ENCLOSURES (Check all that apply)		
<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/Declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input checked="" type="checkbox"/> Power of Attorney, Revocation <input type="checkbox"/> Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____	<input type="checkbox"/> After Allowance Communication to Technology Center (TC) <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Other Enclosure(s) (please identify below):
Remarks		

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SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT	
Firm or individual name	Robert D. Fish, Rutan & Tucker
Signature	
Date	7/26/04

CERTIFICATE OF TRANSMISSION/MAILING			
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Typed or printed name	Barbara Hayashi		
Signature		Date	07/26/2004

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PTO/SB/82 (09-03)

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**REVOCATION OF POWER OF  
ATTORNEY WITH  
NEW POWER OF ATTORNEY  
AND  
CHANGE OF CORRESPONDENCE ADDRESS**

Application Number	09/848047
Filing Date	05/03/2001
First Named Inventor	Victor Ivanovich Petrik
Art Unit	1724
Examiner Name	Ivars C. Citons
Attorney Docket Number	101209.0002US1

I hereby revoke all previous powers of attorney given in the above-identified application.

☐ A Power of Attorney is submitted herewith.

OR

☒ I hereby appoint the practitioners associated with the Customer Number:

34284

☒ Please change the correspondence address for the above-identified application to:☒ The address associated with  
Customer Number:

34284

OR

☐ Firm or  
Individual Name

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I am the:

☒

Applicant/Inventor.

☐

Assignee of record of the entire interest. See 37 CFR 3.71.

Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

**SIGNATURE of Applicant or Assignee of Record**

Name

Victor Ivanovich Petrik

Signature

Date

July 16, 2004

Telephone

812-948-8448

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

☐

Total of \_\_\_\_\_ forms are submitted

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